

Name
in
Full

Edward Bozman

CERTIFICATE OF DEATH

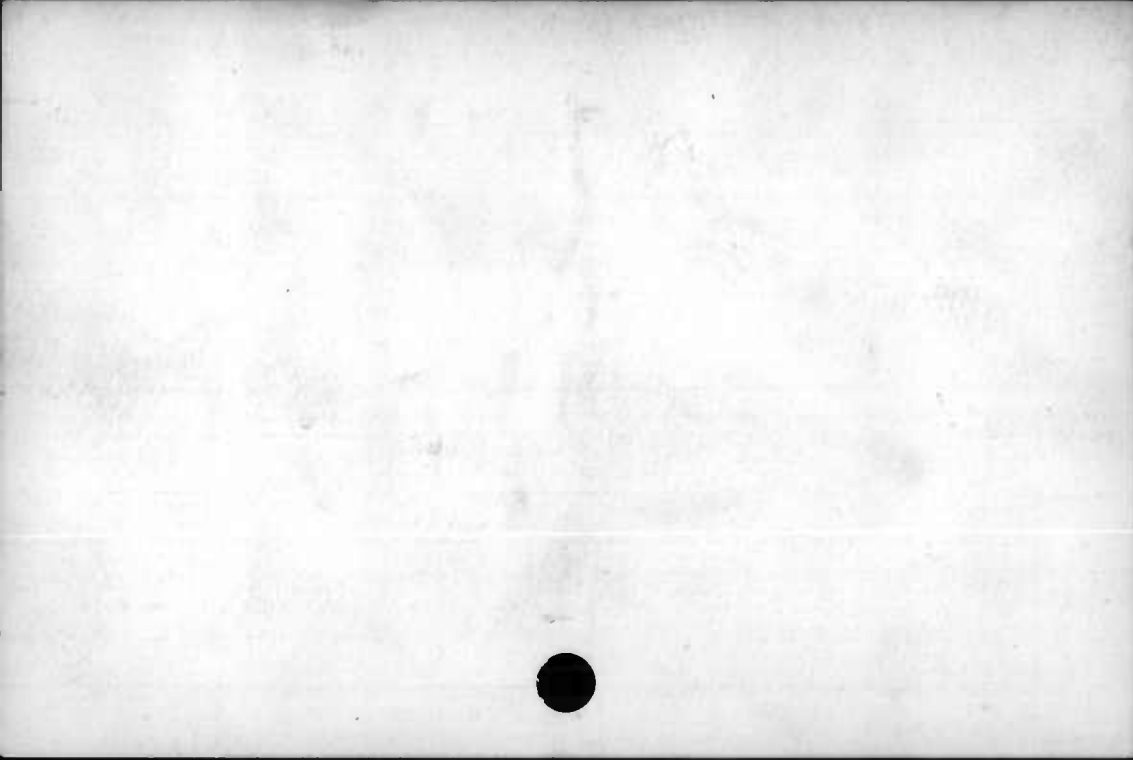
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

Ida Ribese Carroll

CERTIFICATE OF DEATH

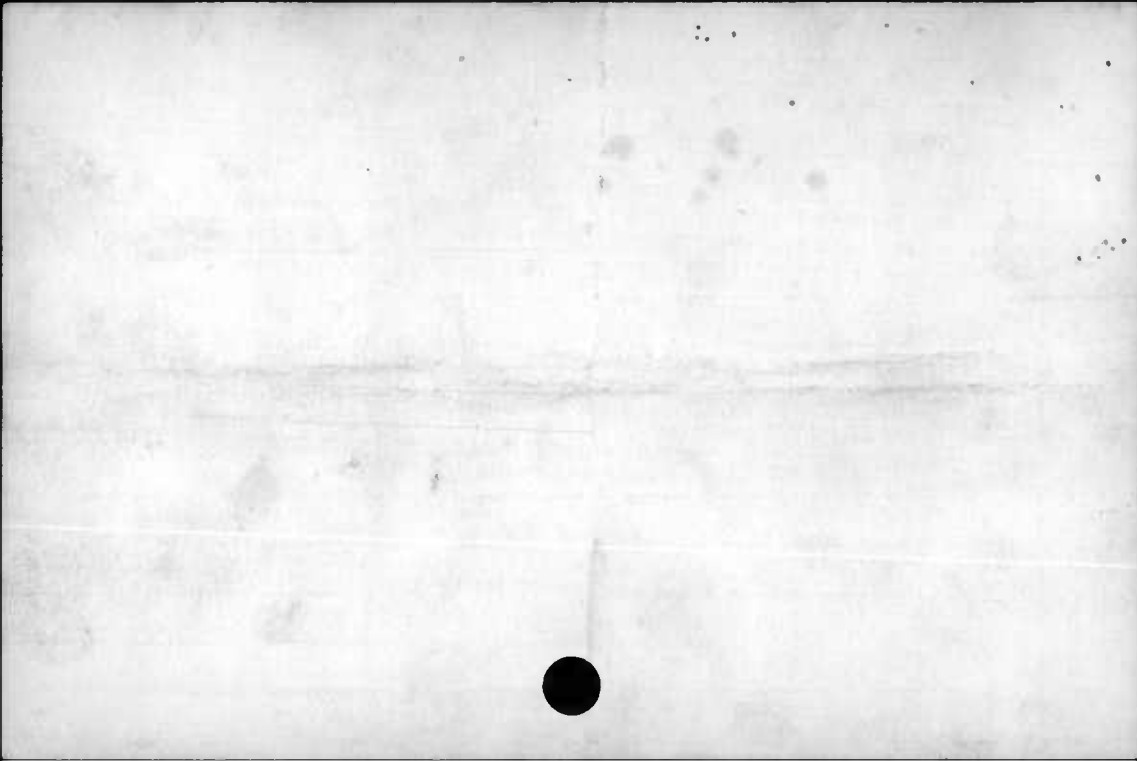
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marion</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>July</u> <small>Day</small> <u>17</u>	Age <u>58</u> <small>Years</small>		Months <u>—</u>		Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Marion</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ida R. Carroll</u>				
Father's Name <u>Ed Johnson</u>	Father's Birthplace <u>Somerset Co</u>				
Mother's Maiden Name <u>Sarah Comer</u>	Mother's Birthplace <u>Somerset Co</u>				
Name of person giving Information <u>Thomas Bell</u>		<u>(104)</u>		How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Indigestion</u>	How long <u>6 hrs</u>
Immediate <u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. P. Gimpel M.D.</u>
	Address <u>901 Russell St Baltimore Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Genevieve Levison Elsey 7/27/57

CERTIFICATE OF DEATH

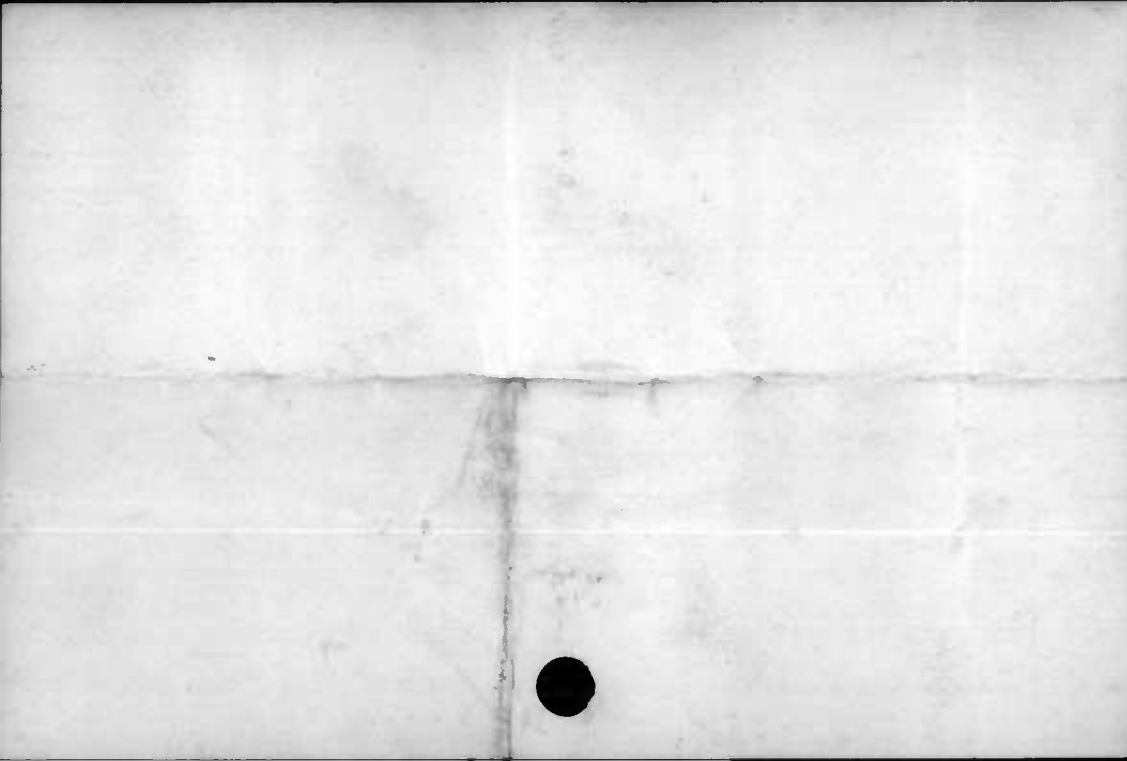
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dunn Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		July	27		→	10	15
Sex		Color or Race		Birth-place			
Female		Black		Dunn Quarter			
Occupation				Where Residing if not at place of death			
				Dunn Quarter			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Samuel Elzy				Dunn Quarter			
Mother's Maiden Name				Mother's Birthplace			
Sarah Curtis				"			
Name of person giving information				How related to deceased			
Samuel Elzy				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	90
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?			



Name
in
Full

Raymond Edwood Ennis

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Hopewell^{County} SomersetDate of death 1905 ^{Month} July^{Day} 8Age ^{Years}^{Months} 5^{Days} 23

Sex Male

Color or
Race

White

Birth-
place

Hopewell

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Oscar Ennis

Father's
Birthplace

Kingston N.Y.

Mother's
Maiden Name

Lucy Lane

Mother's
Birthplace

N.Y.

Name of person giving
Information

Oscar Ennis

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enterocolitis

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

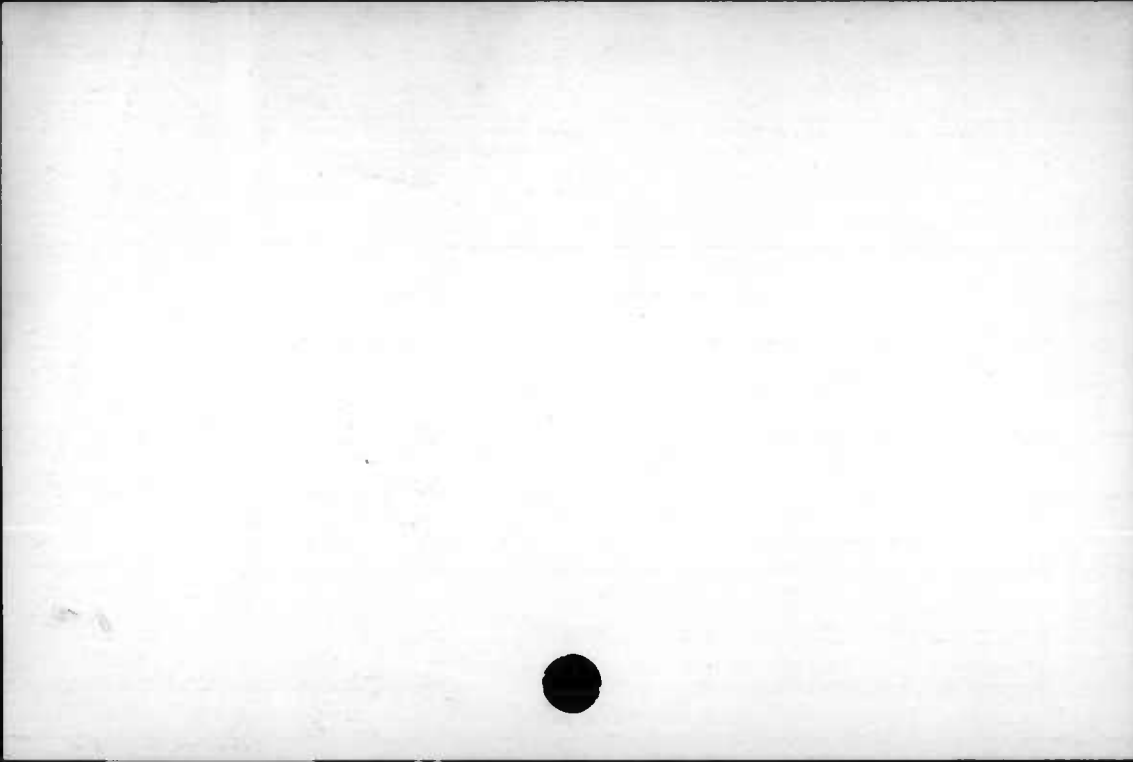
Signature of
Physician

Address

H. F. Hall

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Milbert Hall

CERTIFICATE OF DEATH

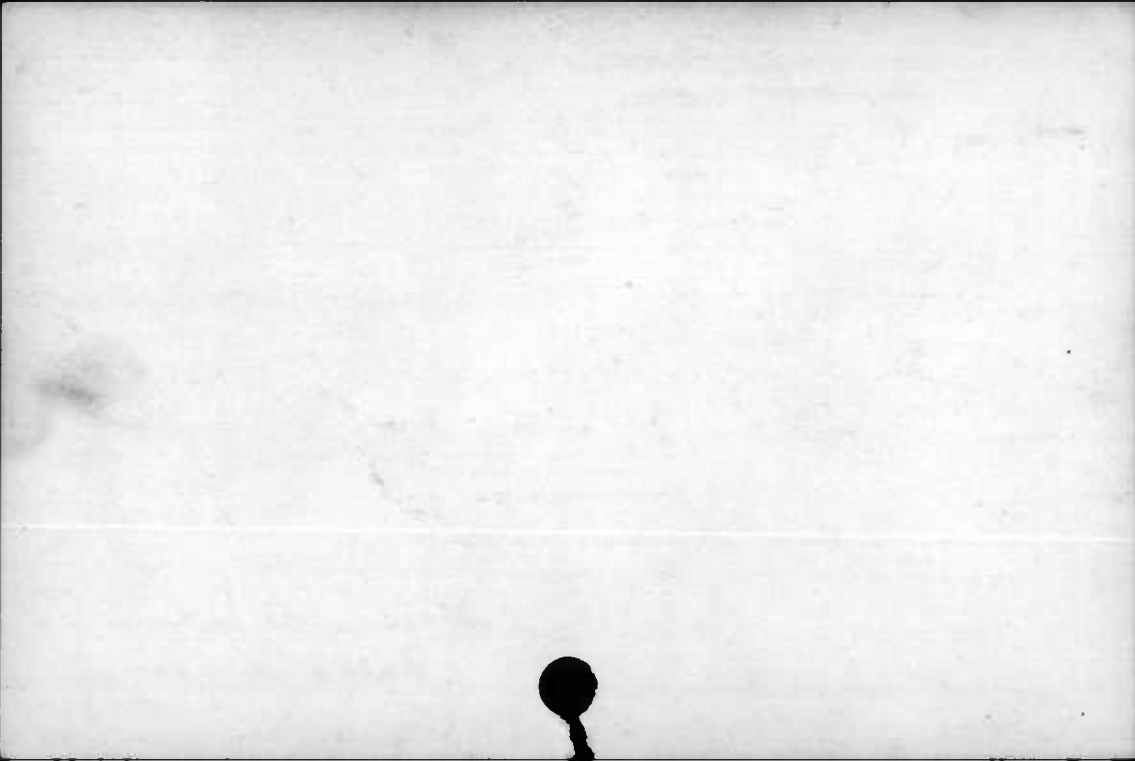
TO BE ANSWERED BY
NEAREST FRIENDDied at *Princess Anne* Town*Somerset* County

MARYLAND

Date of death *1905 July*Day *11*Age *—* YearsMonths *2*Days *21*Sex *Female*Color or Race *Black*Birth-place *Princess Anne*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Nathaniel Hall*Father's Birthplace *Tarrington Md*Mother's Maiden Name *Hewetta Telghman*Mother's Birthplace *Princess Anne Md*Name of person giving information *Mary Telghman*How related to deceased *Aunt*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Ileo-colitis*How long *5 days*Immediate *Asthenia*How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Henry M. Laubford M.D.**—*Address *Princess Anne*Accident or Suicide? *—**MD.*



Name
in
Full

Gertrude Halbrook

CERTIFICATE OF DEATH

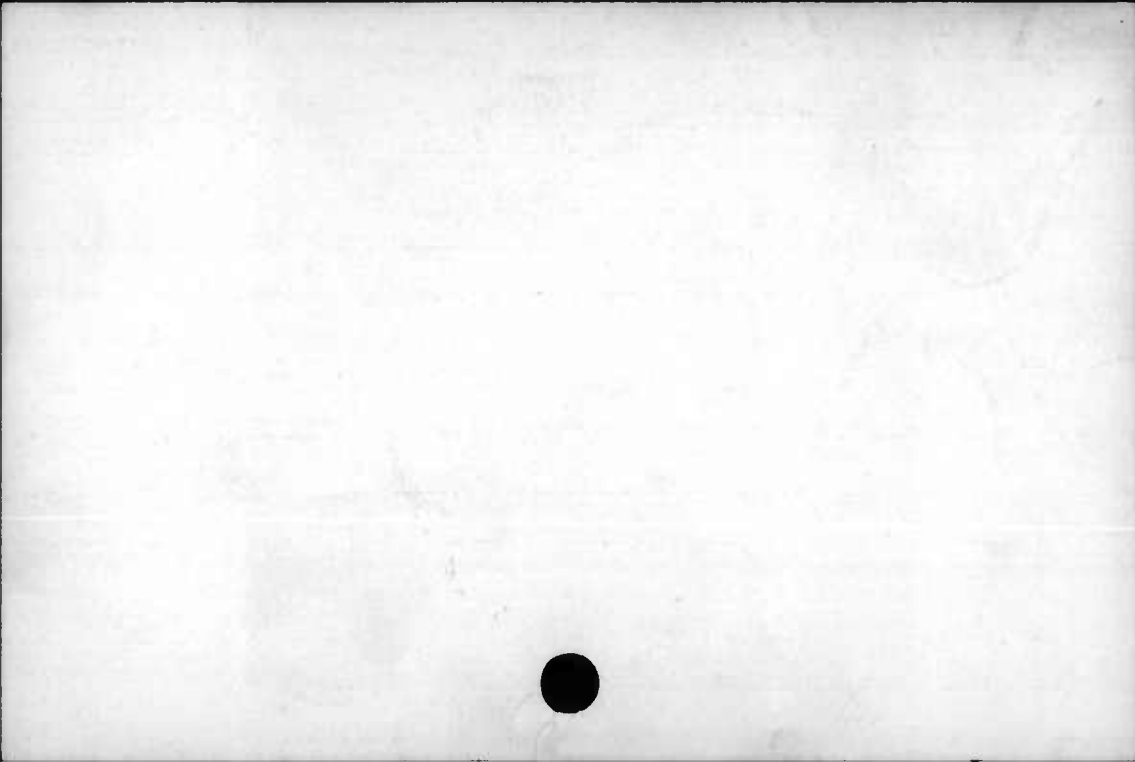
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>anville</i> ^{Town} <i>Mo</i> ^{County} <i>Somerset, Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>3</i>	Age <i>15</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>anville</i>	Months <i>11</i> Days <i>20</i>
Occupation <i>Domestic</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Allen Halbrook</i>	Father's Birthplace <i>Halbrook</i>		
Mother's Maiden Name <i>Kellie Halbrook</i>	Mother's Birthplace <i>Halbrook</i>		
Name of person giving information <i>Allen Halbrook</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Dennis</i>	
	Address <i>Quindotater</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel H Handy* Town *Princess Anne* County *Somerset Co* MARYLAND

Died at *Princess Anne* *Somerset Co*

Date of death *3* *1905* Month *July* Day *3* Age *74* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Panama*

Occupation *Labourer* Where Residing if not at place of death *Panama*

~~Married, Single or Widowed~~ ~~Name of Wife or Husband~~

Father's Name *Harrison Handy* Father's Birthplace *Panama*

Mother's Maiden Name *Sarah Handy* Mother's Birthplace *" "*

Name of person giving information *Mary Ballard* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *179* How long

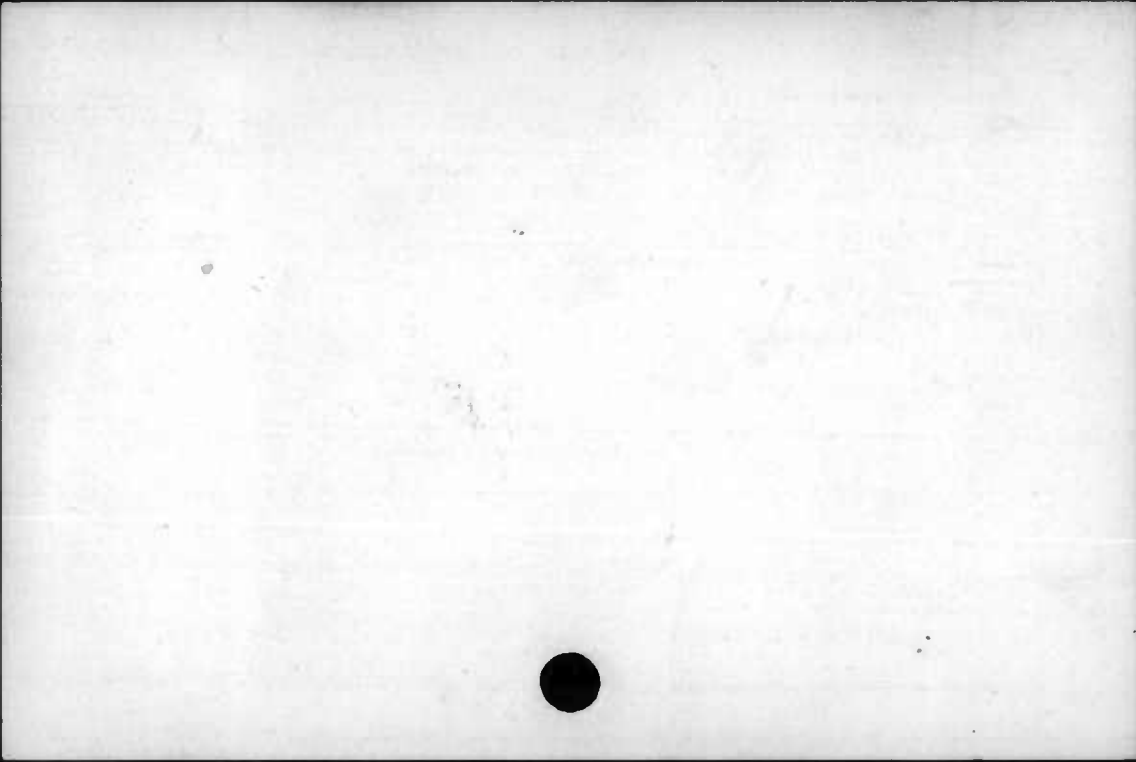
Immediate How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *James J. Dennis*

Address *Undertaker*

Accident or Suicide? ☒



Name
in
Full

Elizabeth Hughes Harris col.

CERTIFICATE OF DEATH

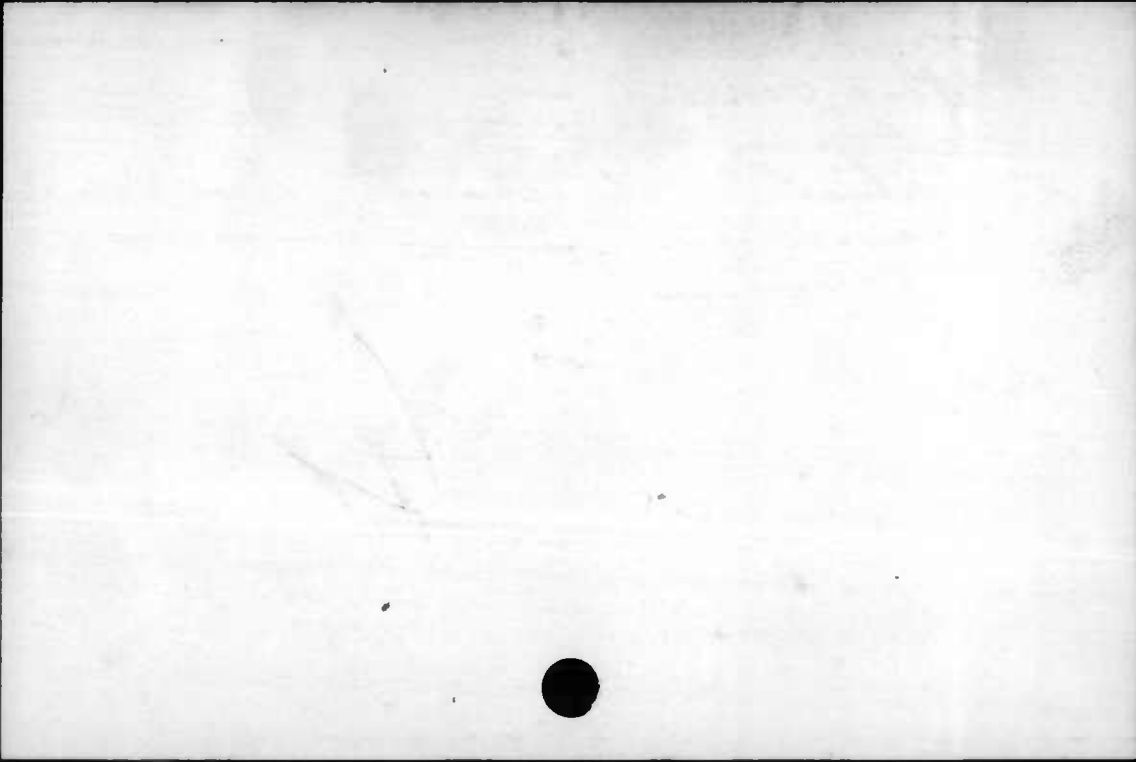
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Twp		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	9	Age 30			
Sex	Female		Color or Race	African		Birth-place	Deal Island
Occupation	Housewife		Where Residing if not at place of death		Deal Island		
Married, Single or Widowed	Married		Name of late or Husband	Edward Harris col.			
Father's Name	John Hughes					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

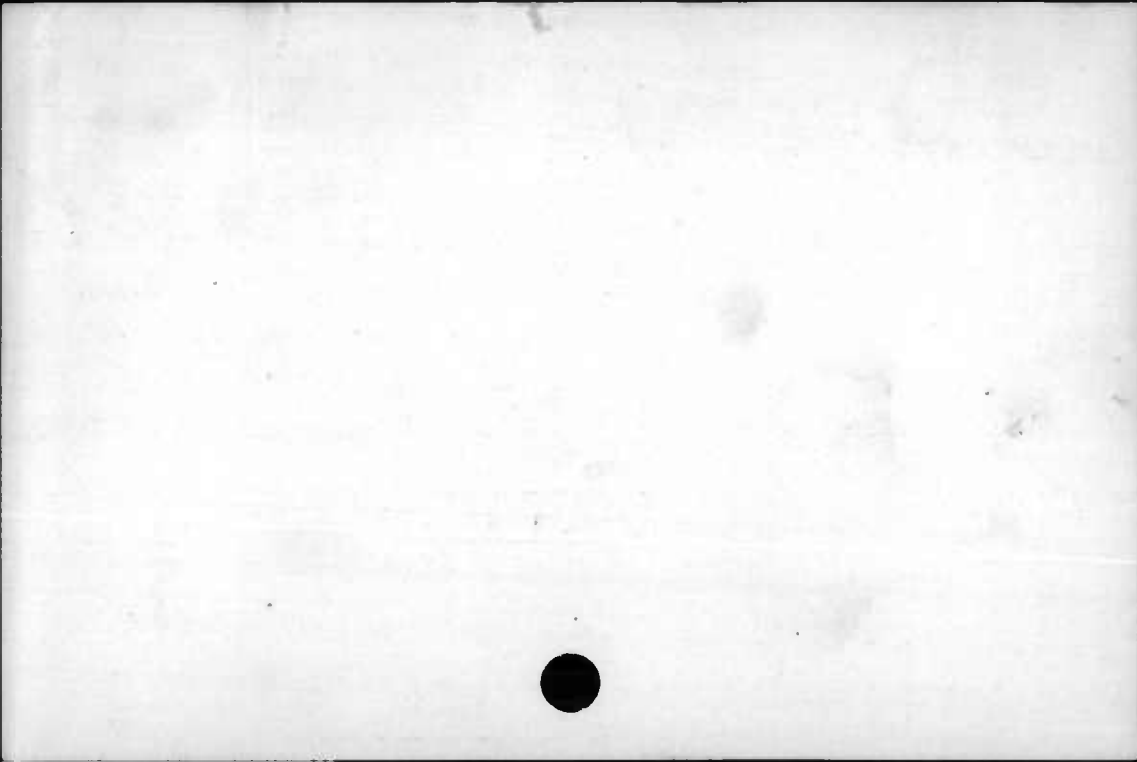
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>Don't know</i>
Immediate	<i>Asphyxia</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>J. G. Alexander</i>		
Address		<i>Deal Island</i>		
Accident or Suicide?		<i>Somerset Co -</i>		



Name in Full		Joshua Hayward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Crisfield		Somerset		MARYLAND	
	Date of death	1905	July	30	Age	70	Months Days
	Sex	Male		Color or Race	Blk		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		Crisfield Md	
	Married, Single or Widowed	Married		Name of Wife or Husband		Lizzie Hayward	
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Lizzie Hayward				How related to deceased		Wife
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Dysentery & Gynitis				How long	
	Immediate	Asthma				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?				Crisfield Md			



Name
in
Full

No name

Horsley

CERTIFICATE OF DEATH

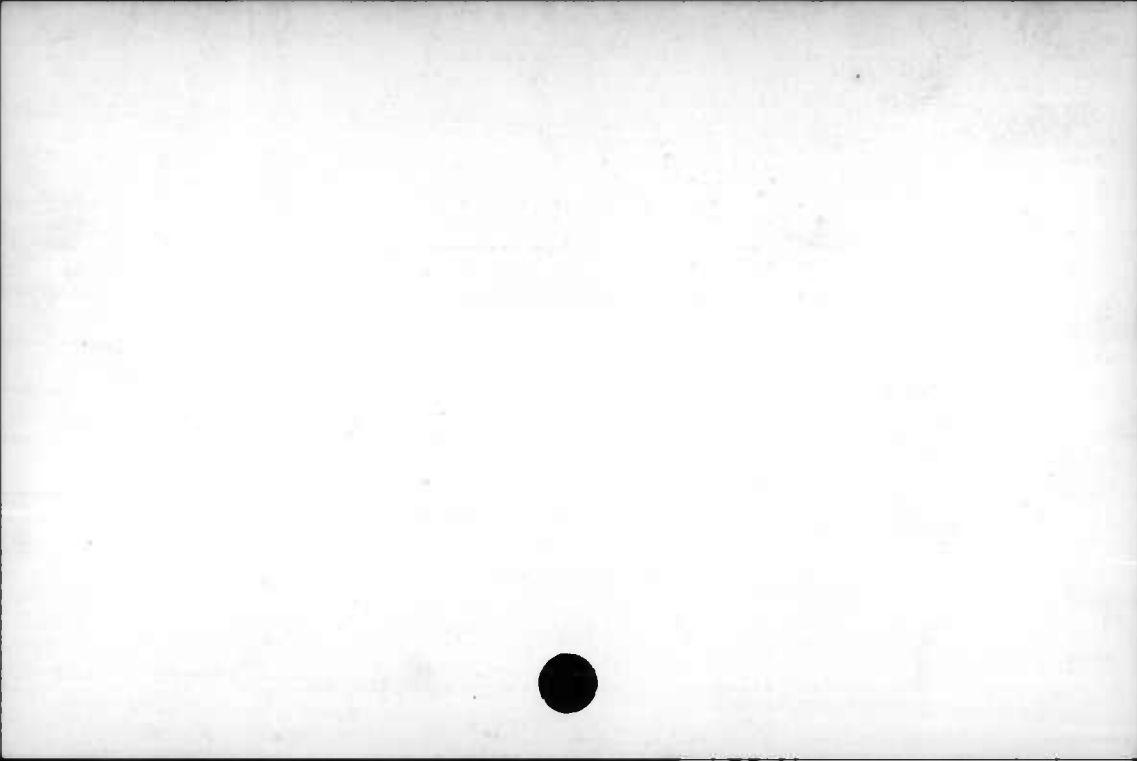
TO BE ANSWERED BY
NEAREST FRIEND

Died at Marion <small>Town</small>		Somerset <small>County</small>		MARYLAND	
Date of death 1905	July <small>Month</small>	2 <small>Day</small>	— <small>Years</small>	— <small>Months</small>	7 <small>Days</small>
Sex Male	Color or Race Colored		Birth-place Marion Md		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Elijah Storzen			Father's Birthplace Accomac Co Md		
Mother's Maiden Name Eliza Taylor			Mother's Birthplace Somerset Co Md		
Name of person giving Information Elijah Storzen			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN,
OR CORONER

Primary Head face	How long 2 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Elijah Storzen (Father)
	Address Marion Sta
Accident or Suicide? No Physician in attendance!	Md



Name

in
Full

Mary A Johnson

7/5/1905

CERTIFICATE OF DEATH

Died at

Town

Mr Vernon

County

Annapolis

MARYLAND

Date

of death 1905

Month

July

Day

3

Age

Years

53

Months

3

Days

15

Sex

Female

Color or
Race

White

Birth-
place

Mr Vernon

Occupation

Housework

Where Residing if not
at place of death

Mr Vernon

Married, Single
or WidowedName of Wife or
Husband

George H Johnson

Father's
Name

Abraham Furniss

Father's
Birthplace

Mr Vernon

Mother's
Maiden Name

does not know

Mother's
BirthplaceName of person giving
Information

G.W. Johnson

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Ulcerated Stomach

How long

6 Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

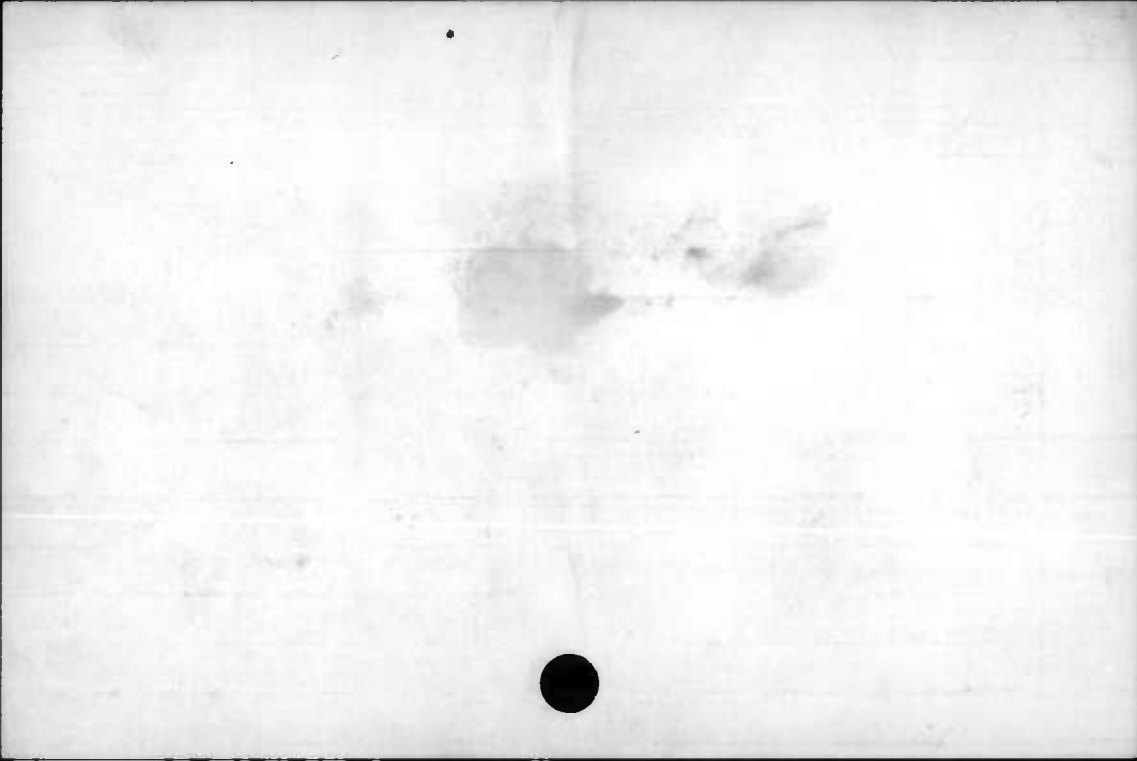
Yes



Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Norman Carter Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at: Polks Road		Town Somerset Co		County		MARYLAND
	Date of death	1905	Month	July	Day	7	Friday
	Age		16		Years		Months
	Sex	Colored Boy	Color or Race		Colored		Birth-place
	Occupation		Where Residing if not at place of death		Polks Road		" "
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		David Jones		Father's Birthplace		Polks Road
	Mother's Maiden Name		Lizzy Jones		Mother's Birthplace		" "
	Name of person giving information		David Jones		How related to deceased		father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		How long		3 day		
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		no Doctor		
			Address		Jap. P. Dennis Undertaker		
Accident or Suicide?							



Name
in
Full

Mary Kusey

CERTIFICATE OF DEATH

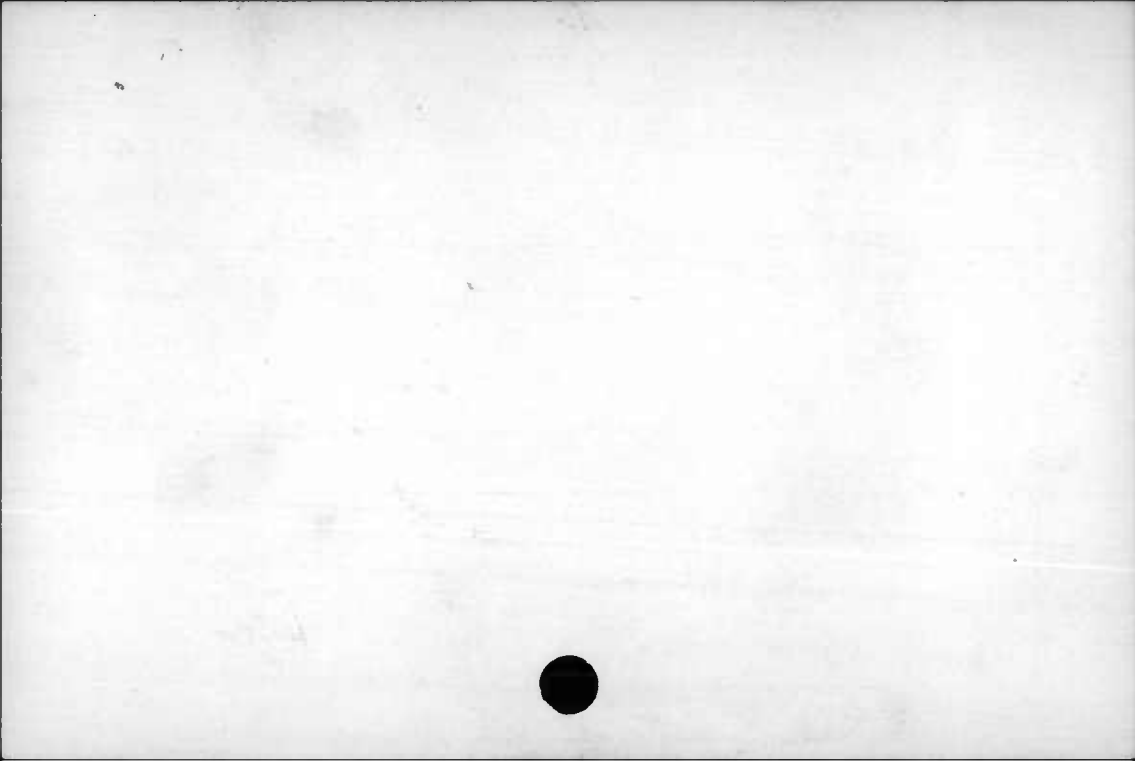
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dublin</i> ^{Town} <i>District</i> ^{County} <i>Stewart</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>4</i>	Age <i>55</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>married</i>	Name of Husband <i>Wiley Kusey</i>		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Chas Mammie</i>	How related to decedent <i>brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 weeks</i>
Immediate <i>collapse</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Pocomoke Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Katie Pauline Perry

CERTIFICATE OF DEATH

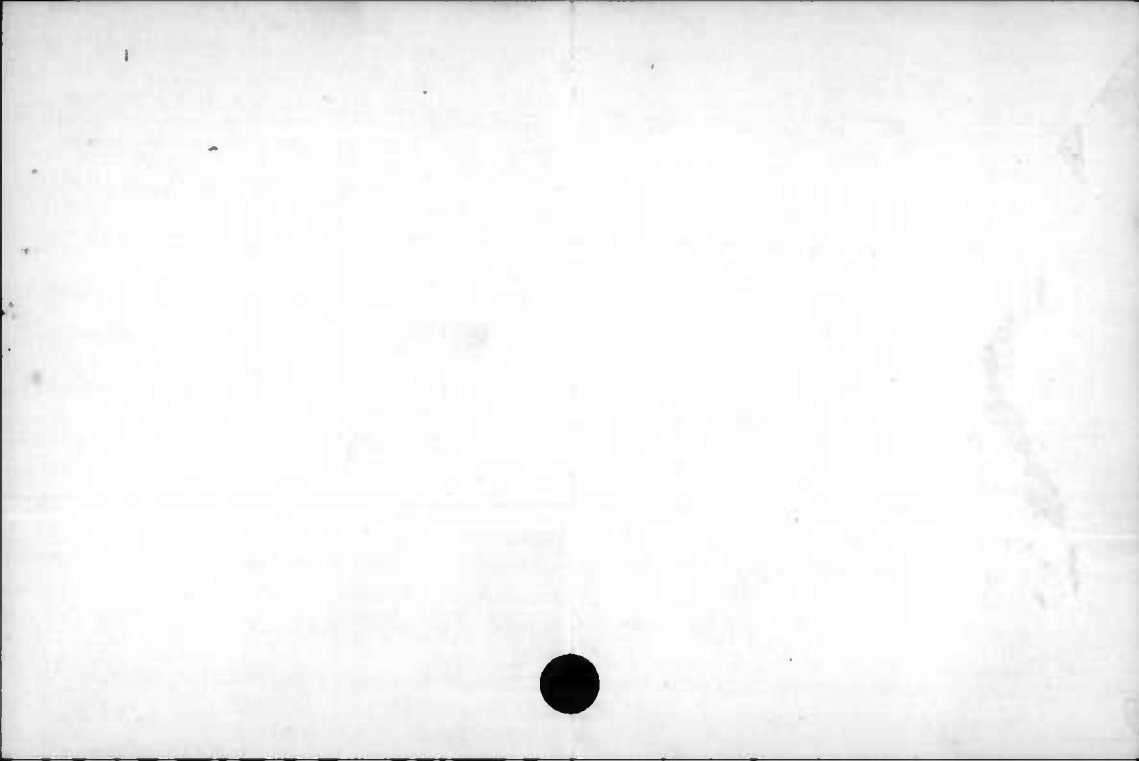
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairmount</i> <small>Town</small>			<i>Somerset</i> <small>County</small>			MARYLAND	
Date of death <i>1905</i>		Month <i>7</i>	Day <i>3</i>	Age <i>1</i>	Years <i>1</i>	Months <i>4</i>	Days
Sex			Color or Race <i>Ben</i>			Birth-place <i>Fairmount</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/> Married			Name of Wife or Husband				
Father's Name <i>Isaac Perry</i>			Father's Birthplace <i>Fairmount</i>				
Mother's Maiden Name <i>Emma Hall</i>			Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Isaac Perry</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>129</i>	How long <i>4 Mo</i>
Immediate		How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. E. Maloney M.D.</i>	
	Address <i>Upper Fairmount Md.</i>	
Accident or Suicide?		



Name
in
Full

Frederick Wilson Ratledge

CERTIFICATE OF DEATH

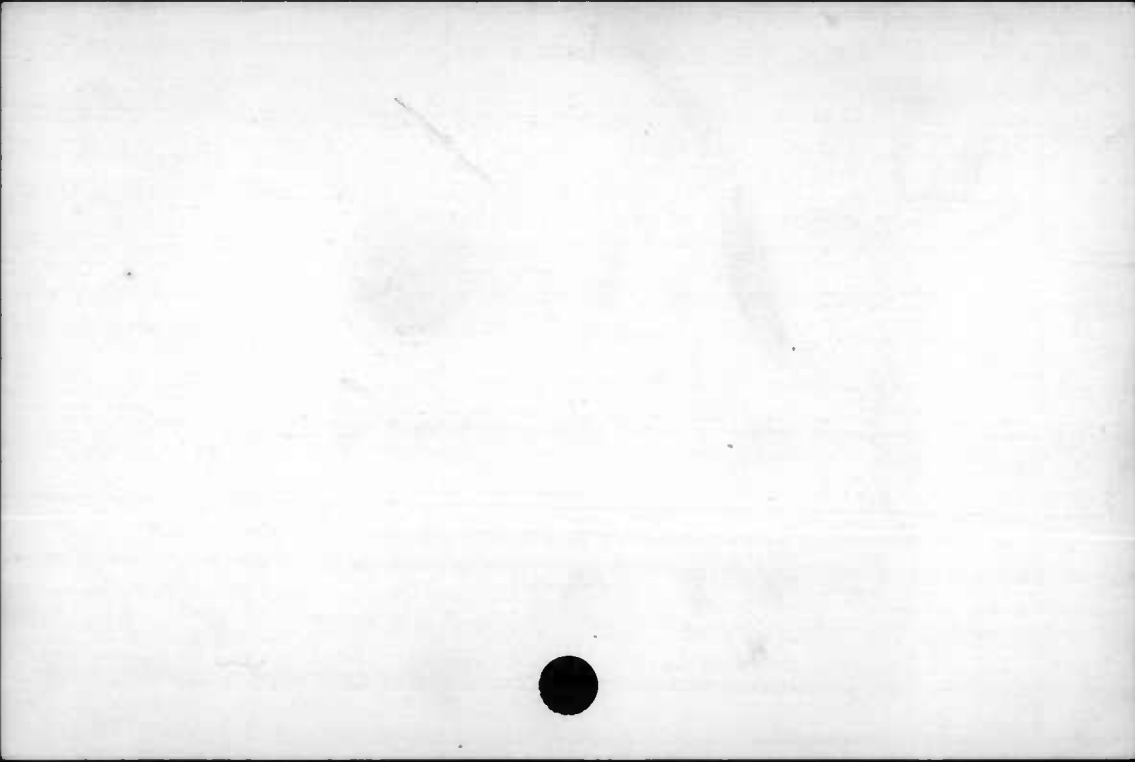
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West P.O.</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1905	Month <i>July</i>	Day <i>3</i>	Age	Years <i>2</i> Months <i>2</i> Days <i>28</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth place <i>Somerset Co. Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Mc Michael Ratledge</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Fosie Hopkins</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John Mc Michael Ratledge</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>1 week</i>
Immediate	<i>Colic</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Wilson</i>	
		Address <i>Pocomoke, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Francis Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dublin Dist</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	1905	Month	July	Day	24 th
Age	10		Years	Months	
Sex	Male	Color or Race	Colored	Birth-place	Dublin Dist
Occupation	Infant		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Michael Roberts			Father's Birthplace	Somerset Co
Mother's Maiden Name	Bessie Landrum			Mother's Birthplace	"
Name of person giving information	Elihu Atkinson			How related to deceased	Neighbor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malaria and overwork</i>		How long	<i>3 weeks</i>
Immediate	<i>Cerebral</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>David L. Quinn</i>
			Address	<i>Crowmore city Md</i>
Accident or Suicide?				



Name
in
Full

Samuel Scott Jr

CERTIFICATE OF DEATH

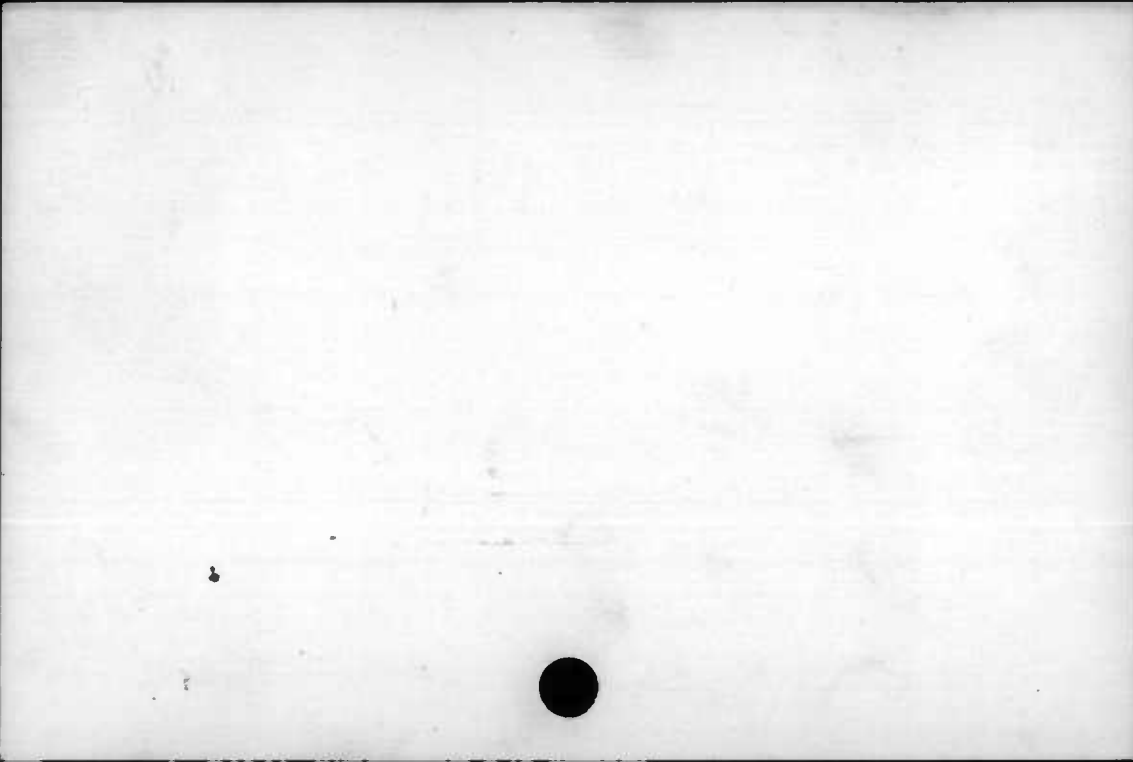
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Wren Pocomoke City</i>		^{County} <i>Dorchester</i>		MARYLAND	
Date of death	1905	Month	July	Day	11
Age		Years		Months	9
Sex	Male		Color or Race	White	
Birth-place	Dorchester Co				
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	—		Name of Wife or Husband —		
Father's Name	Samuel Scott			Father's Birthplace	Dorchester Co
Mother's Maiden Name	Nettie Howeth			Mother's Birthplace	Dorchester Co
Name of person giving information	R. H. Hall			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Inflammation</i>	How long	<i>10 Days</i>
Immediate	<i>Iles Colitis</i>	How long	<i>7 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. H. Hall</i>
		Address	<i>Pocomoke City, Md</i>
Accident or Suicide?			



Name
in
Full

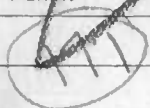
CERTIFICATE OF DEATH

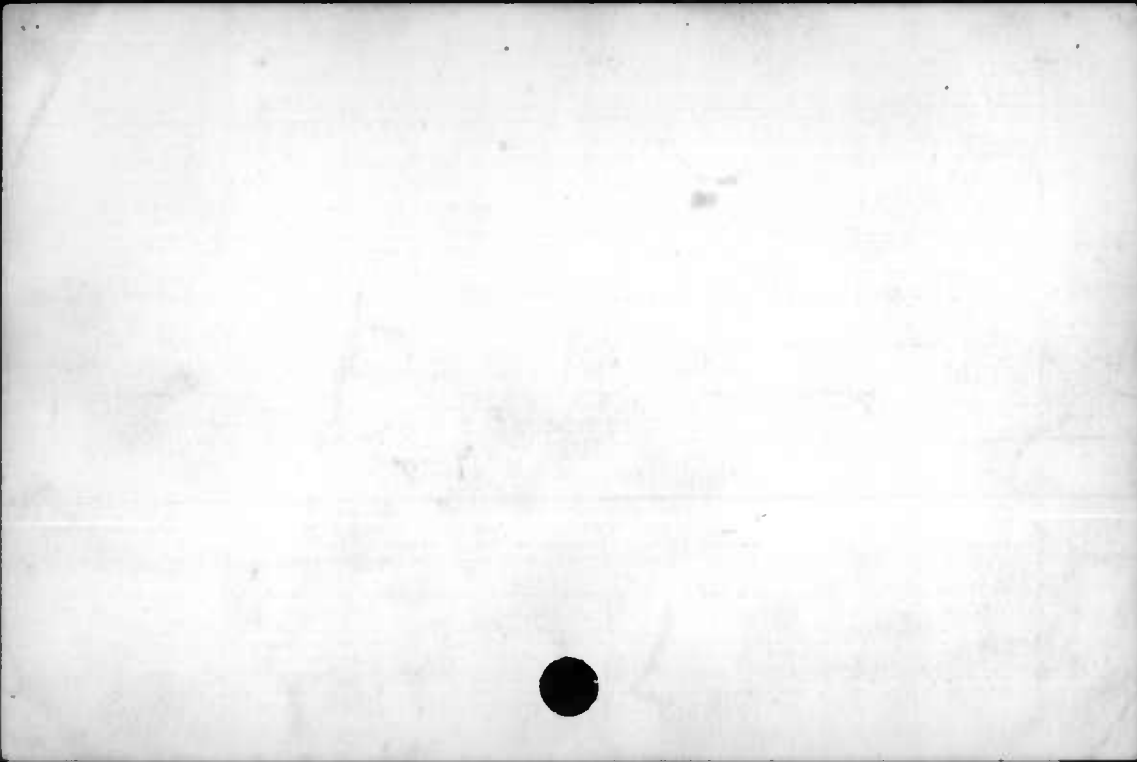
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Guills Corner</i>		Town <i>Guills Corner</i>		County <i>Somerset</i>		STATE <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>16</i>	Age <i>57</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Md</i>				
Occupation <i>work at steam mill</i>			Where Residing if not at place of death <i>place of death</i>				
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband					
Father's Name <i>Don't Know</i>				Father's Birthplace			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace			
Name of person giving information <i>Hester E Johnson</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsey</i>		How long <i>dropsey</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Hester E Johnson</i>
		Address <i>Guills Corner</i>
Accident or Suicide?		<i>No physician in attendance Md</i>



Name
in
Full

Bertha Jane Vetro

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt Vernon, Md</i>		Town <i>Souceset</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>14</i>	Age <i>16</i>	Years	Months <i>11</i>	Days <i>-</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>Housework</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>John Littleton Vetro</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Olivia B Webster</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>J. L. Vetro</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Between 7+8 mos.</i>
Immediate <i>Severe Asthma & Cardiac failure</i>	How long <i>About 2 days.</i>

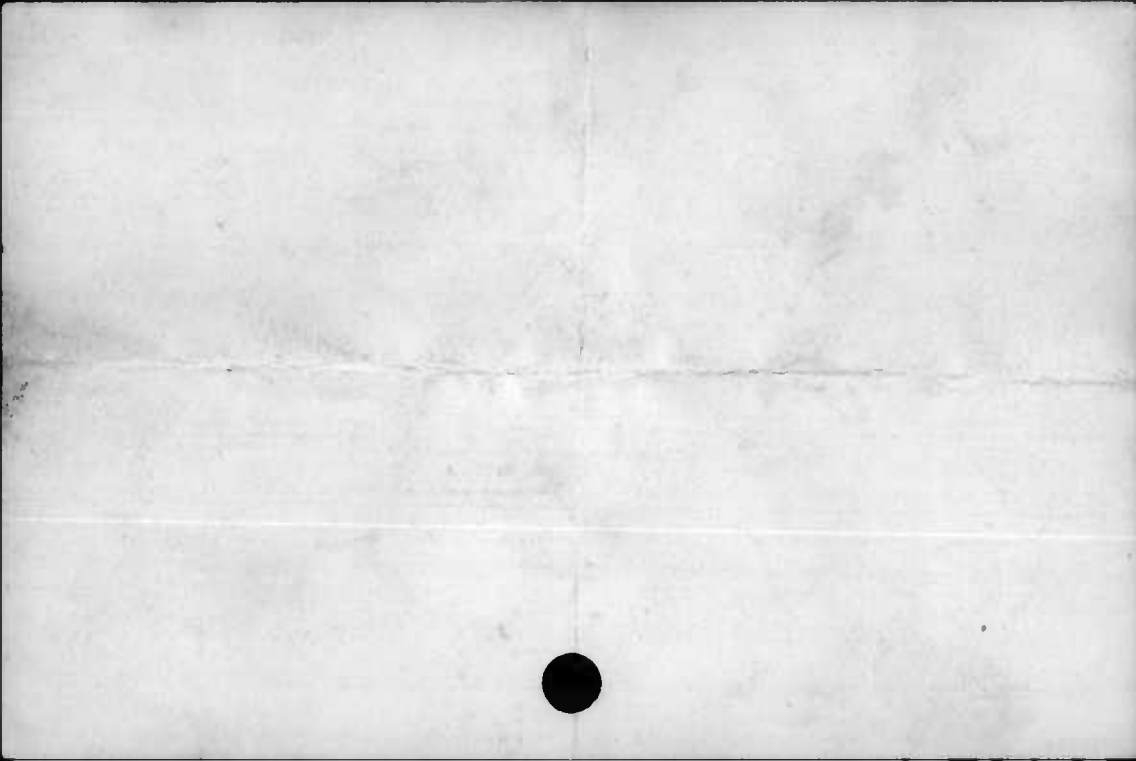
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Edmund Franklin M.D.**Princeton Avenue Md.*

Accident or Suicide?



Name in Full <i>Meta V. White</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Danvers Junction</i> Town <i>Danvers</i> County <i>Danvers</i>		MARYLAND
	Date of death <i>1900</i>	Month <i>July</i>	Day <i>10th</i> Age <i>1</i> Years <i>1</i> Months <i>4</i> Days <i>4</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Danvers Co.</i>
	Occupation <i></i>	Where Residing if not at place of death <i></i>	
	Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>	
	Father's Name <i>Joseph D. White</i>	Father's Birthplace <i>Danvers Co.</i>	
Mother's Maiden Name <i>Mary V. Webster</i>	Mother's Birthplace <i>Danvers Co.</i>		
Name of person giving information <i>Joseph D. White</i>	How related to deceased <i>Father</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Illness - Colitis</i>	How long <i>105</i>	How long <i>12 days</i>
	Immediate <i>Colitis</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. D. White</i>	
		Address <i>Danvers Junction</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Falls Corner</i> ^{Town}		County <i>Summerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>8</i>	Years <i>one</i>	Months <i>4</i>	Days <i>8</i>
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Falls Corner</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Falls Corner</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Peter S. Whittington</i>			Father's Birthplace <i>Falls Corner</i>		
Mother's Maiden Name <i>Sarah Whittington</i>			Mother's Birthplace <i>Falls Corner</i>		
Name of person giving Information <i>Hester E. Johnson</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Warms</i>	How long <i>week</i>
Immediate <i>Strangled</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Hester E. Johnson</i>
	Address <i>Falls Corner</i>
Accident or Suicide? <i>No physician in attendance</i>	<i>Ind</i>

